IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patentee: <u>Gregory R. Pittman</u> M. D. Attorney's Docket No.:30,260
Serial or Patent No.:
Filed or Issued:
For:
Verified Statement (Declaration) Claiming Small Entity Status (37 CFR 1.9(f) and 1.27(b)-Independent Inventor
As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled Laparoscopic Lifter Apparatus and Method described in the specification filed herewith.
I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR(b))
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.
Gregory R. Pittman M. D.
Name of Inventor \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Signature of Inventor
Date

PTO/SB/01 (10-01) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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30,260 **Attorney Docket Number DECLARATION FOR UTILITY OR** R. Pittman First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date X Declaration Declaration OR Submitted after Initial Submitted Art Unit Filing (surcharge with Initial (37 ČFR 1.16 (e)) Filing required) **Examiner Name**

As the below named inventor, I hereby declare that:					
My residence, mailing address, and citizenship are as stated below next to my name.					
believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
Laparoscopic Lifter Apparatus and method					
(Title of the Invention)					
the specification of which					
is attached hereto					
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International					
Application Number and was amended on (MM/DD/YYYY) (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filling date of the prior application and the national or PCT international filling date of the continuation-in-part application.					
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s) Foreign Filing Date (MM/DD/YYYY) Foreign Filing Date (MM/DD/YYYY) Not Claimed YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below					
Name Barbara R. Greenberg					
Address 1409 Burr Oak Rd. 308A					
city Hinsdale		State	ZIP 60521		
Country U.S.A. Tele		323 1867	630- Fax 323-1931		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor					
Given Name Gregor R. Family Name Pittman M.D. (first and middle [if apy])					
Inventor's Signature My (1/28 62)					
Residence: City	State C IL	Country	US♣ Citizenship		
Mailing Address 5101 E 79 to 50					
city TVUSA	State OK	ZIP 74136	US &		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Family Name or Surname					
Inventor's Signature Date					
Residence: City	State	Country	Citizenship		
Mailing Address					
City	State	ZIP	Country		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					